

Case Number:	CM13-0062126		
Date Assigned:	12/30/2013	Date of Injury:	10/27/2010
Decision Date:	04/03/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	12/06/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 52-year-old female who reported an injury on 10/27/10. The mechanism of injury involved a fall. The patient is diagnosed with bilateral knee arthritis and morbid obesity. The patient was seen by [REDACTED] on 6/26/13. The patient reported ongoing pain in the bilateral knees. Physical examination revealed tenderness along the medial joint line and patellar facets, as well as crepitus with range of motion and a slightly warm temperature about the right knee. Treatment recommendations included continuation of the Jenny Craig weight loss program and a consultation with [REDACTED] for possible surgical weight loss.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

The request for orthopedic follow-up with [REDACTED] for surgical weight loss: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Disability Advisor by Presley Reed, MD.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: The California MTUS/ACOEM guidelines state that referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular

cause of delayed recovery, or if there is difficulty obtaining information or an agreement to a treatment plan. As per the documentation submitted, the patient began the Jenny Craig weight loss program on 6/25/13. Details regarding the patient's previous participation in weight loss efforts including diet modification and/or exercise were not documented. The medical necessity for the requested referral has not been established. Therefore, the request is non-certified.